

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/03/2014
NAME OF PROVIDER OR SUPPLIER AUTUMN HILLS ALZHEIMER'S SPECIAL CARE CENTI		STREET ADDRESS, CITY, STATE, ZIP CODE 3203 MOORES PIKE ROAD BLOOMINGTON, IN 47401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey. This visit included the Investigaiton of Complaint IN00141582.</p> <p>Complaint IN00141582 Unsubstantiated due to lack of evidence.</p> <p>Survey dates: Janurary 2 & 3, 2014</p> <p>Facility number: 012706 Provider number: 012706 AIM number: N/A</p> <p>Survey Team: Melissa Gillis, RN-TC Cheryl Mabry, RN Diana McDonald, RN Angie Patterson, RN</p> <p>Census bed type: Residential: 39 Total: 39</p> <p>Census payor type: Other: 39 Total: 39</p> <p>Sample: 5</p> <p>Autumn Hills Alzheimer's Special Care Center was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey and the Invesitgation of Complaint IN00141582. Quality Review 01/06/14 by Lisa McColly</p>	R 000		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE